

ad December 1974 .

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015- 002473

DISPOSER OF WASTE (Must be filled by producer)

NAME (PRINT OR TYPE) Alcoa CODE NO.

Address: (NUMBER) (STREET) (CITY)
Phone Number: () P.O. or Contract No.

Placed By: Date:

Process CODE NO.

Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

1. type of wastes:

<input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
<input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
<input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
<input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
<input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

Other (Specify) CODE NO.

Concentrations: Hydrochloric acid, lime, caustic soda, solvents, metals (list), metals (list), metals (list), cyanide)

	Upper	Concentration: Lower	%	ppm

Properties of Waste:

☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Volume: ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Units: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

State: ☐ solid ☐ liquid ☐ sludge ☐ other (SPECIFY)

Handling Instructions (if any):

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 7-31-76 (DATE) Time: 15 (HOUR)

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: No. of Loads or Trips: 1 Unit No. 5

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Tank CODE NO.

Site Address: Monterey Park

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 7-31-76

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

K001145

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name